

## **Employment Eligibility Verification** Department of Homeland Security

U.S. Citizenship and Immigration Services

**USCIS** Form I-9

OMB No. 1615-0047 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ individual because the documentation presented has a future expiration date may also constitute illegal discrimination

an individual because the documentation presented has a future expiration date may also constitute megal discrimination.										
Section 1, Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)										
Last Name (Family Name)	First Name (Given	Name)		Middle Initial	Other L	ther Last Names Used <i>(if any)</i>				
Address (Street Number and Name)	Apt. Num	Apt. Number City or Town				State	ZIP Code			
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	te of Birth (mm/dd/yyyy)  U.S. Social Security Number Employee's E-mail Ad					dress Employee's Telephone Number				
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.										
l attest, under penalty of perjury, that I a	ım (check one of	the folio	wing boxe	s):						
1. A citizen of the United States										
2. A noncitizen national of the United States	s (See instructions)									
3. A lawful permanent resident (Alien Registration Number/USCIS Number):										
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):  Some aliens may write "N/A" in the expiration date field. (See instructions)										
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.										
Alien Registration Number/USCIS Number:     OR				_						
2. Form I-94 Admission Number: OR				_						
3. Foreign Passport Number:	ain-v									
Country of Issuance:	With									
Signature of Employee	Today's Dat	oday's Date (mm/dd/yyyy)								
Preparer and/or Translator Certi	ication (chec	k one):			,					
Lidid not use a preparer or translator.  (Fields below must be completed and sign	A preparer(s) and/o ed when preparer		and the state of t	Assessment of the property of the property of the party of		ATTACAMENT ACTION OF THE PROPERTY OF THE PARTY OF THE PAR				
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my										
knowledge the information is true and correct.  Signature of Preparer or Translator  Today's Date (mm/dd/)							id/yyyy)			
Last Name (Family Name)	<u> </u>		First Nam	e (Given Name)						
Address (Street Number and Name)		City	or Town			State	ZIP Code			
						<u> </u>				



SIGN Employer Completes Next Page





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U.S. Citizenship and Immigration Services

Section 2. Employer or Author (Employers or their authorized represental must physically examine one document fro of Acceptable Documents.")	ve must car	nplete and sign	Section	2 within 3	business da	ys of the e	mploye cument	e's first day of employment. You from List G as listed on the "Lists		
Employee Info from Section 1 Last Name (Family Name)				Fìrst Name	(Given Naп	ne)	M.I.	Citizenship/Immigration Status		
List A OR Identity and Employment Authorization			List Identi					List C Employment Authorization		
Document Title	ocument Title				Docum	ent Title	<del>}</del>			
Issuing Authority	suing Authority	rity				Issuing Authority				
Document Number	ocument Numbe	lumber				Document Number				
Expiration Date (if any)(mm/dd/yyyy)	piration Date (if	Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy)					e (if any)(mm/dd/yyyy)			
Document Title										
Issuing Authority		Additional Infor	mation	1				QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number										
Expiration Date (if any)(mm/dd/yyyy)										
Document Title										
Issuing Authority								j		
Document Number										
Expiration Date (if any)(mm/dd/yyyy)										
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.  The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)										
Signature of Employer or Authorized Repre	Today	y's Date	e(mm/dd/yy	'yy) Title	of Employ	уег ог А	uthorized Representative			
Last Name of Employer or Authorized Represen	ntative Fire	st Name of Emplo	yer or A	uthorized Re	presentative	Employ	/er's Bu	siness or Organization Name		
Employer's Business or Organization Addr	ess (Street I	Number and Nai	me)	City or Tow	Л	······································	Sta	ate ZIP Code		
Section 3, Reverification and R	ehires (Ti	o be complete	d and :	signed by	employer c	H-76-18-19-19-19-19-19-19-19-19-19-19-19-19-19-	A WARRY CONTRACTOR			
A. New Name (if applicable)	l-,							e (if applicable)		
Last Name (Family Name)	First Nam	e (Given Name)		Mide	dle Initial	Date (mi	п/аа/уу	<i>yy)</i>		
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.										
Document Title Do				ment Number			Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.										
Signature of Employer or Authorized Representative Today's Date (mm				d/yyyy)	Name of En	nployer or	Author	ized Representative		

## LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	DR	LIST B Documents that Establish Identity	ID.	LIST C  Documents that Establish  Employment Authorization	
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary	2. 3. 4. 5. 6. 7.	Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION	
4.	I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document that contains a photograph (Form I-766)		2.	<ol> <li>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		4. Voter's registration card  5. U.S. Military card or draft record	<b>4</b> . <b>5</b> .	Certification of Report of Birth issued by the Department of State (Form DS-1350)  Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal  Native American tribal document  U.S. Citizen ID Card (Form I-197)	
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)	
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>		document issued by the Department of Homeland Security	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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